



FEDERAL FUNCTIONAL
CLASSIFICATION REQUESTS

This form has been developed for use in all future requests for Federal Functional classification changes. One form should be completed and submitted for each requested classification change. Functional classification changes require coordination with the MPO, if applicable. Upon completion of the requested forms they should be submitted to the VDOT District Planner with a transmittal letter signed by the Town Council, City Council, County Board of Supervisors or other responsible official.

1. COUNTY or CITY NAME	COUNTY or CITY NO. <i>(refer to Local Agency Guidelines)</i>
2. LOCAL AGENCY CONTACT PERSON	TELEPHONE NO.
3. LOCAL NAME OF ROUTE	ROUTE NO. <i>(if State Route use SR No.)</i>
4. TERMINI OF ROUTE <i>(Description and milepost (if available))</i> FROM _____ TO _____ LENGTH: Miles _____	
5. TYPE OF AREA <i>(Federal Aid Highway Urban Area):</i> <input type="checkbox"/> URBAN <input type="checkbox"/> RURAL	
6. EXISTING FUNCTIONAL CLASSIFICATION	PROPOSED FEDERAL FUNCTIONAL CLASSIFICATION
<i>(Freeway/Expressway, Principal Arterial, Minor Arterial, Collector, Major Collector, Minor Collector, Local Access)</i>	
Correspondence: _____	
7. SPACING <i>(Distance to closest parallel Federal functionally classified route)</i> Miles: _____ Distance to closest parallel route with same classification Miles: _____ Classification: _____	
8. DOES REQUESTED FC CHANGE EXTEND INTO ANOTHER JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes – concurrence from the other affected agency is required.)</i>	
9. EXISTING ROAD CHARACTERISTICS Roadway Width (incl. shoulders): _____ ft. Posted Speed Limit _____ MPH. Number of Lanes _____	
10. TRAFFIC (at significant volume change locations)	
Location _____ Existing Traffic _____ VPD Future Traffic (20 years) _____ VPD	Location _____ Existing Traffic _____ VPD Future Traffic (20 years) _____ VPD

11. Is the route on the National Highway System?

12. If applicable please list major traffic Generators *(Generators that route serves – est. VPD)*

SHOPPING CENTER: Total SQFT _____ VPD _____

INDUSTRIAL: Employees _____ VPD _____

GOV. INSTITUTION: Employees _____ VPD _____

AIRPORTS: Annual Flights _____ VPD _____

MILITARY INSTALLATIONS: Type _____ VPD _____

SHIPPING POINTS: Annual Tons _____ VPD _____

MAJOR TOURIST SITES: Annual Visitors _____ VPD _____
(parks, ski resorts, lakes, beaches, etc.)

COLLEGE OR UNIVERSITY: Enrollment _____ VPD _____

OTHER: Type _____

13. A brief description why the proposed change is requested and justification for the change.

14. Additional remarks to more fully explain the situation.

15. Attach a vicinity map showing the **proposed changes** and **existing Federal Functional Classifications**.

Signature of Local Representative _____

Signature of VDOT District Planner _____

This section is for VDOT approval or denial and comments.

Comments: _____

Approval ☐ YES ☐ NO

Signature of VDOT TMPD Official _____